

POLICY OF  STATE OF DELAWARE  DEPARTMENT OF CORRECTION	POLICY NUMBER  I-01	PAGE NUMBER  1 OF 2
	RELATED NCCHC/ACA STANDARDS: P-H-I-01/4-4405 (ESSENTIAL)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: CLINICALLY ORDERED SECLUSION	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

**PURPOSE:**

Guidelines to manage the inmate whose mental condition creates issues of danger to self or others to the extent the seclusion is required.

**POLICY:**

1. Immediate assistance is provided whenever an inmate exhibits risk of danger to self or others. Assistance includes evaluation, monitoring and placement in protective environment and referral to inpatient psychiatric facility when indicated.
2. Seclusion is used to prevent substantial bodily injury to the inmate or others when the inmate is “out of control,” and when all approaches to disruptive behavior have failed. Seclusion for suicidal purposes is not included in this policy but is covered under “Suicide Prevention” G-05.
3. Seclusion will not be used as punishment or for the convenience of staff, but will be used only when less restrictive means are not effective or clinically appropriate.
4. Institutional staff will be trained in the identification of inmates demonstrating acute psychosis or acute psychological distress, which could place the inmate at risk for impulsive, out of control behavior. These inmates will be referred for evaluation to mental health staff. Prior to completion of this evaluation, correctional staff will closely observe the inmate.
5. Mental Health staff will complete the evaluation of the inmate to determine the least restrictive environment for appropriate, safe management. The evaluation and disposition will be documented in the inmate’s medical record.
6. The order for placement in seclusion will be obtained from the physician/psychiatrist by the evaluating mental health staff.
7. Cells utilized for seclusion will be located within or near the medical or mental health area to facilitate every 15-minute check by health-trained security staff of health service staff. If such is not available, they will be transported to an inpatient hospital for evaluation and treatment.

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8. Seclusion procedures:
  - a. The inmate will be placed in seclusion cell by correctional staff. Mental health or medical staff will assist in the placement process. Every effort will be made to ensure inmate dignity.
  - b. Correctional staff will inspect seclusion cell prior to inmate placement to ensure no items are available for potential self-harm.
  - c. Inmates placed on seclusion status will be assigned a psychiatric observation level pursuant to guidelines set forth in "Suicide Prevention" G-05 and will be subject to the restrictions set forth therein.
  - d. Medical staff will evaluate medical condition of inmate prior to seclusion placement whenever mental condition permits.
  - e. Correctional staff will observe inmate frequently, but no more than every 15 minutes between checks.
  - f. The inmate in seclusion will be evaluated daily by Mental Health staff.
  - g. Removal of inmate from seclusion requires Mental Health authorization. Order to discontinue seclusion placement and follow-up orders will be documented in the inmate's medical record. Security will also be notified.
9. Mental health staff will consider transfer to inpatient psychiatric setting if inmate's condition does not stabilize or improve within the generally accepted 12 hours of placement in seclusion.
10. Mental Health staff will provide the Health Services Administrator and the site administrative authority (Warden/Superintendent) with daily reports on any inmate in clinically ordered seclusion or restraints.

References:

National Commission on Correctional Mental Health Care: Standards & Guidelines for Delivering Services, 2003. M-I-01

American Correctional Association: Performance Based Standards for Adult Local Detention Facilities, 4<sup>th</sup> Ed., 2004, 4-ALDF-4D-21